



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

4/22/2015

Doris Beckett  
1112 Elmhurst Drive NE  
Cedar Rapids, IA 52402

Dear Doris,

This letter is in regards to the compliance check of your Level A, Registered Child Development Home completed on 4/17/15. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1)a Numbers for police, fire, ambulance, poison information posted by phone.

**Need numbers posted in your home. Also need numbers for in vehicle now if you travel with children outside of your program.**

☐ 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone.

**Need numbers posted in your home, also now need numbers for all in your vehicle if you travel off grounds.**

☐ 110.5(1)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.

**You had medications, poisonous, toxic or otherwise unsafe materials within access of children. These need to be in a location with secured access from children. Best practice is all medications and poisonous, toxic or otherwise unsafe materials be locked away from children. You had household medication in a bag hanging on the closet door, and need to store them away from the child care area. Storing cleaning supplies under kitchen lower cabinet – need a child safety lock.**

☐ 110.5(1)c First-Aid supplies are available and easily accessible in the home, outdoor play area, any vehicle used to transport children, and on field trips.

☐ 110.5(1)c The first-aid kit is sufficient to address first aid related to minor injury or trauma and stored in an area not accessible to children. **The guidebook on page 51 and 52 addresses the items that should be in your first aid kits. Your CRR consultant can also assist you with a first aid kit.**

☐ 110.5(1)e All accessible electrical outlets are safely capped. **Needed caps on outlets in the following locations: living room, playroom, and dining room. All outlets should be checked for caps every day to ensure child safety.**

☐ 110.5(1)e All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc. **You need to tack the cord down better that is going around the door for them to the bedroom off the living room area.**

☐ 110.5(1)f Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters.

**Fire marshal states there should be a 3 ft clearance from all gas pilot lights. You need to move stuff away from the furnace .**

☐ 110.5(1)g Safety barriers are at stairways and doors as needed. And **Needed for all steps, if you are caring for children under age 3 or children who have an unstable gate. You need to come up with a system to keep the children from the steps going upstairs. You need either a gate for the steps or Gates to the formal living room keeping the children off the steps.**

☐ 110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits. **Need at the primary and secondary exits.**

☐ 110.5(1)j The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas. **Need the required details.**

☐ 110.5(1)k Fire and tornado drills are practiced monthly and documentation kept. **Need to do drills and document monthly.**

☐ 110.5(1)m Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor. **Need the correct size for each floor you provide care on and need it visible. Many providers use a sign on the closet or kitchen cabinet to meet the visibility rule. CCRR used to have these available for providers, you could check with them.**

☐ 110.5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. **Need one in the following room: dining room. CCRR used to have these available for providers, you could check with them.**

☐ 110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes. **Need to test and document the testing monthly.**

☐ 110.5(1)o Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone # for reporting complaints, and [www.iowasmokefreeair.gov](http://www.iowasmokefreeair.gov). **Need on all doors. Suggest you contact CCRR and ask for their window clings.**

☐ 110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. **Needed annual pet records and need to be on the new form, 470-5153, which I left a copy of for your use.**

☐ 110.5(1)u The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies. **Need to develop. Many providers put this information in their contract.**

☐ 110.5(1)v The provider has written policies about responding to health-related emergencies.

**Items “u and v” address the need to have written policy on children who are mildly ill and how you would respond to health related emergencies. Please develop those policies to share with your families. You can see samples of this in the guidebook on page, 54 for children who are mildly ill and page 53 for health related emergency policies. You should prepare something similar to these to address**

the rules/policies of your program. Many providers use what the local school uses for ill policies. That makes it easy on both you and the parents because they know those rules usually.

### ***Health Related Emergency Policy ----Sample***

*In the event of a minor health related emergency ( ie: bloody nose, scraped knee, minor cut) I will use my first aid CPR training as needed. I will complete an injury report form and give to the parent at time of pick up along with calling or texting the parent after the child's needs have been dealt with.*

*In the event of a health related emergency that exceeds my ability, I will call the parent/guardian/ or (emergency contact person if the parent can not be reached) for further directions.*

*In the event of a life threatening health emergency I will call 911 and call the parent as soon as possible. If the child is required to be transported for medical attention they will go via ambulance unless the parent /guardian/ emergency contact has arrived and can make the determination for transportation. I will stay with the other children in care.*

*The above policy illustrates why I must maintain accurate information on all phone numbers and addresses for parents, guardians, and emergency contact persons along with medical providers for your child. Please ensure that is accurate at all times.*

*I maintain a valid CPR and First aid certificate along with a first aid kit to meet the needs for minor injuries.*

*I will complete an injury report form and send a copy home with the family and retain one for the child's file if first aid is applied due to an injury.*

☐ 110.5(1)w Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents and copies are in the child's file. **Need to have as needed for all children.**

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician's signed **statement of health and immunization status** on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years. **Need now every 3 years for all household members and substitute providers. It must be on the new form, which I left a copy for your use.**

110.5(2)b Certificates or training verification documentation for:

110.5(2)b Within the first three months of registration:

☐ 110.5(2)b Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.) **Provider needs to find her current certificate.**

**I am including the web site to obtain the mandatory reporter training for free. This web site is sponsored by the Iowa Department of Public Health. If there are any problems with using it or obtaining a certificate you will need to call the number on the web site.**

**WHO:** This training is designed for child care providers

**WHAT:** Mandatory Child Abuse Reporter Training for Child Care Providers

**WHERE:** On-Line, start at this link <http://dhs.training-source.org> You must register by entering your provider number

**WHEN: Any time day or night, this is a self-study course. Your certificate will be made available for you to print upon successful completion of the course. I believe it takes 2 – 3 weeks to obtain the link to print the certificate after you successfully complete the course.**

☐ 110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR. **Provider needs to find her current certificate.**

**Need the training. For assistance in finding training call CCRR at 866-324-3236 x 1410**

☐ 110.5(2)b During the first year of registration – 12 hours of approved training. At least six hours shall be in a group setting. Two of the twelve hours must be health and safety training. A specific training shall not be used to meet requirements more than one time every five years. **Has 0 training hours need 12 hours for the year.**

☐ 110.5(2)b During the second year of registration and each succeeding year, twelve hours of approved training. At least six hours shall be in a group setting. If the provider has documentation of completing the ChildNet, PITC, or Beyond Business Basics series, these hours may be used to fulfill two year's training requirements, not including first aid/CPR and mandatory reporter training. A specific training shall not be used to meet requirements more than one time every five years. . **Has 0 training hours need 12 hours for the year.**

☐ 110.5(4) The certificate of registration is displayed in a conspicuous place. : **Need to post your certificate and in a conspicuous place.**

☐ 110.5(6)d No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family. **Provider jokingly told a child they would bite. I discussed with the provider that they need to not use any threat of punishment, especially because she is also a foster parent and that could cause a trigger for one of her children in care.**

#### 110.5(8) Children's Files

110.5(8) An individual file is maintained for each child and **updated annually or when there are changes.** Each file contains: **The children's files must be updated annually with the emergency medical authorization completed yearly. If the parent wants to review, edit and re-sign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, etc. On that date I suggest you double check for a current physical form and immunizations (if there were any updates) and have the parents redo or re-sign the emergency medical and intake information.**

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number. **The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency. **The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment. **The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. **The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian. **The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. **The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical. **The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. **The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health. **The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since. **The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child. **You need written permission every time you leave the premises. The underlined items must be addressed each time. I suggest you use a general permission request and include trips as noted on the monthly calendar. Any special activities can be added to the calendar for that month. Then have each parent sign off on your monthly calendar with your routine trips, before the activities are completed. The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(8)j Injury report forms to document injuries requiring first aid or medical care. **The provider did not have any records for any of the children in her care. Need for all children.**

☐ 110.5(9) The provider meets the following requirements:

☐ 110.5(9)d Is present at all times, except if emergencies occur or an absence is planned. **The provider was out of state when I attempted to do a compliance visit earlier in the month. Her daughter or granddaughter was providing the substitute care for her while she was gone. Neither one has been approved as substitute provider.**

☐ 110.5(9)d If absence is planned, care is provided by a DHS-approved substitute. **You were using someone before they were approved. You can not leave the children with a substitute provider until you have the letter from Des Moines, indicating they are an approved substitute provider. Need for: your daughter and granddaughter. If you plan on using them you must have them approved first. When you complete the application for your renewal include anyone you plan to use as a substitute provider. They must submit fingerprints and be approved. You'll get a letter back from Des Moines stating each individual is either approved or denied as a substitute provider. That letter is what you need to maintain in your file on that individual.**

☐ 110.5(10) Substitutes

☐ 110.5(10)d Use of a substitute is limited to: No more than 25 hours per month with an additional period of up to two weeks in a 12-month period. **Unsure as not documenting.**

☐ 110.5(10)e The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute. **Need to document.**

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☒ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. **Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.**

**I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.**

**Please sign and date below, and return this form in the provided envelope by: 45 days of receipt.**

X \_\_\_\_\_  
Signature Date

Please do not hesitate to contact me at DHS at 319-892-6826 if you have any questions regarding this letter.

Sincerely,

Lisa Wesbrook  
Social Worker II

Irene Holzwarth  
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 866-324-3236.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to [http://dhs.iowa.gov/sites/default/files/CC\\_Professional\\_Development.pdf](http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf) and you can sign up for training at <http://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).